

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011439

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 749

Primary Registration District No. 1002

Registrar's No.

1812

FILED APR 16 1962

VS 300  
Rev. 4/59

1

231382

13

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94201

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1286-0

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

Philip D. Reister, M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Kansas City

Length of stay in lb

33 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR NURSING HOME  
INSTITUTIONWalnut Nursing Home  
3522 Walnut Street

Inside Limits

Yes ☒ No ☐c. CITY  
OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESSGladstone Hotel  
9th & Oak Street

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
ANDREW

Middle

VAN

Last  
WICK4. DATE  
OF DEATHMonth  
MarchDay  
29Year  
1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

## 8. DATE OF BIRTH

5/7/1870

## 9. AGE (last birthday)

91

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Retired Miner

## 10b. KIND OF BUSINESS OR INDUSTRY

Coal

## 11. BIRTHPLACE (City and state or country)

Stockholm, Norway

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Unknown Van Wick

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

Martha Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
Mrs. Martha Miller, 3618 Troost Ave  
Kansas City, Mo.18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN  
ONSET AND DEATH

1 mmed.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Arteriosclerosis, generalized

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 2/2/58 to 2/29/62 and last saw him alive on 2/23/62  
Death occurred at 1:55 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

Mch. 31, 1962

## 23c. NAME OF CEMETERY OR CREMATOR

Green Lawn Cemetery

## 23d. LOCATION (City, town, or county)

Kansas City

## 23e. STATE

Missouri

## 24. FUNERAL DIRECTOR

1331 Brush Creek Blvd.  
D.W. Newcomer's Sons, Kansas City, Mo

## 25. DATE RECD. BY LOCAL REG.

3-31-62

## 26. REGISTRAR'S SIGNATURE

Keith Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Dr. Wallace Graham  
Argyle Bldg.  
Friday 11-2PM

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Herold E. Schmitt

Licensed Embalmer No. 3035

P. O. Address St. C. Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.